Medical Assistance Provider Incentive Repository

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

User Guide

For
Eligible Professionals

The Vermont Medicaid
Promoting Interoperability/
Electronic Health Record Incentive Program

Program Year 2020: Part 4

Additional User Information

and

Appendices for Eligible Professionals

Revision Log: MAPIR User Guide for Eligible Professionals- Part 4

Version	Revision Date	Revision
V1.0	02/05/2020	• Initial version. • Added the following validation messages to section "Appendix A – Validation Messages Table": o The Clinical Quality Measures reporting date range must be within the application's Program Year. o The date range for the Actual Clinical Quality Measure data must be within your Clinical Quality Measures reporting period. o You must select the checkbox when entering a date range in the Actual Clinical Quality Measures Reporting Period fields. o You must complete the dates in the Actual Clinical Quality Measures Reporting Period fields when the checkbox is selected. o The Clinical Quality Measures reporting date range must consist of at least 90 days. • Added an "Important" notice to the "Eligibility Questions (Part 1 of 3)" Screen/Panel Name in "Appendix B – Hover Bubble Definitions".
V.1.1A	07/14/2020	• Vermont edits.

Table of Contents

EP User Guide Files

The MAPIR User Guide for Eligible Professionals has been divided into separate documents for ease of reference. Each part is available as a downloadable file at the Vermont Medicaid PIP/EHRIP website: https://healthdata.vermont.gov/ehrip/Apply

Part 1

- Getting Started
- Confirm R&A and Contact Info
- Eligibility
- Patient Volumes

Part 2C

- PY2020 Attestation Phase: Meaningful Use
- Meaningful Use General Requirements
- MU Objectives
- Program Year 2020 CQMs

Part 3

- Review Application
- Application Questionnaire
- File Uploads, Required and Recommended Documentation
- Application Submission
- Post Submission Activities
- Application Statuses
- Review and Adjustment

Part 4

- Additional User Information
- Appendices

Additional User Information

This section contains an explanation of informational messages, system error messages, and validation messages you may receive.
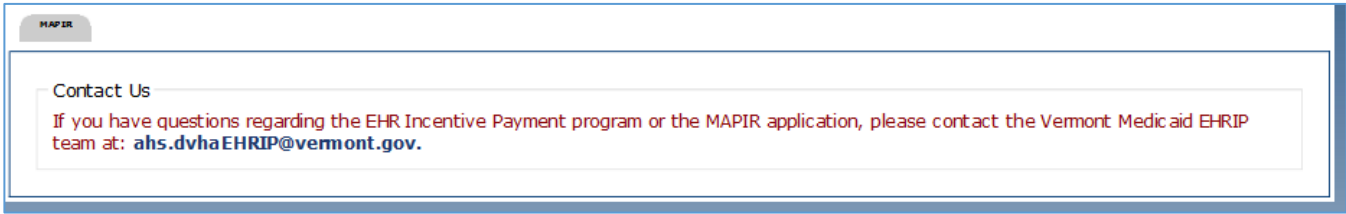
Start Over and Delete All Progress - If you would like to start your application over from the beginning you can click the Get Started tab. Click the "here" link on the screen to start over from the beginning. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over without technical assistance from the VT Medicaid PIP/EHRIP Team.

This screen will confirm your selection to start the application over and delete all information saved to date. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

Click **Confirm** to Start Over and Delete All Progress.

If you clicked **Confirm** you will receive the following confirmation message. Click **OK** to continue.
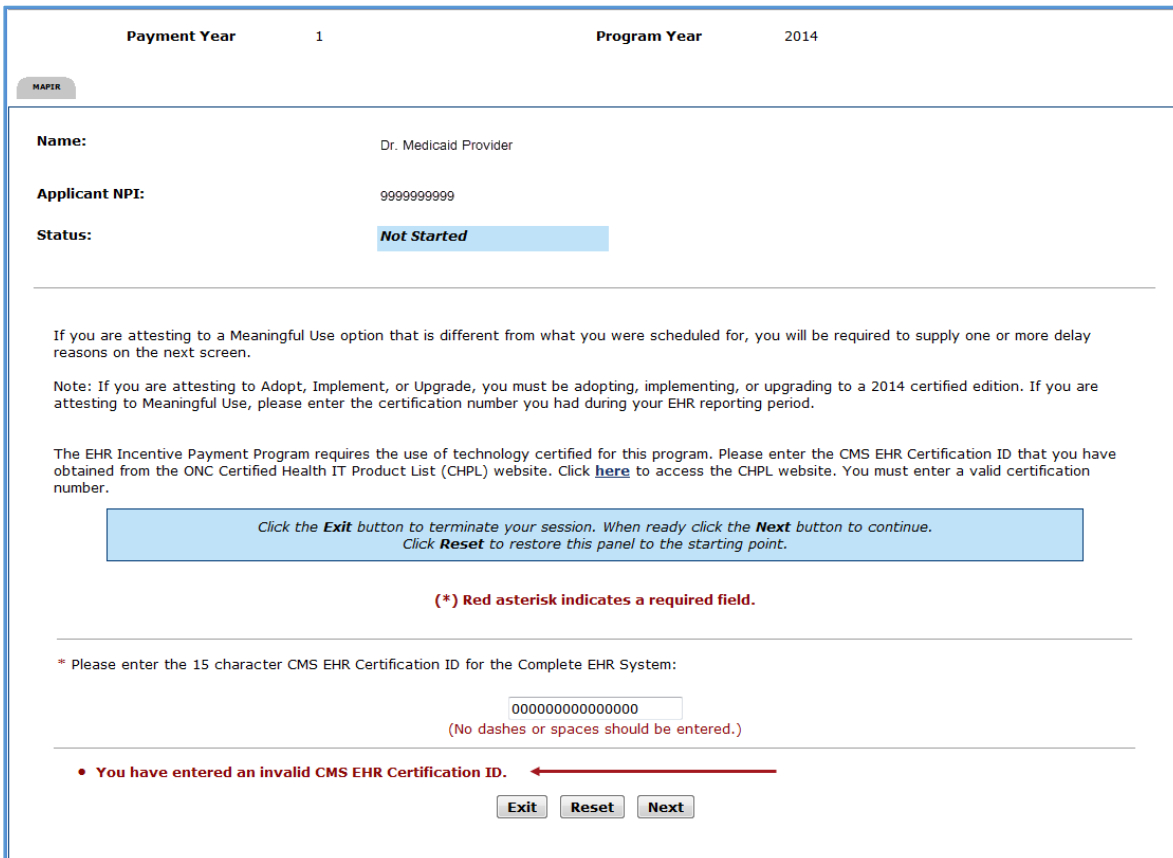
Contact Us – Clicking on the Contact Us link in the upper right corner of most screens within MAPIR will display the following Vermont Medicaid EHRIP Team contact information.

MAPIR

Contact Us
If you have questions regarding the EHR Incentive Payment program or the MAPIR application, please contact the Vermont Medicaid EHRIP team at: **ahs.dvhaEHRIP@vermont.gov.**

MAPIR Error Message –This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click Exit to exit MAPIR.

MAPIR

An error has occurred.

<The text on this section of the page would be replaced by actual content that the hosting state may specify as static HTML.>
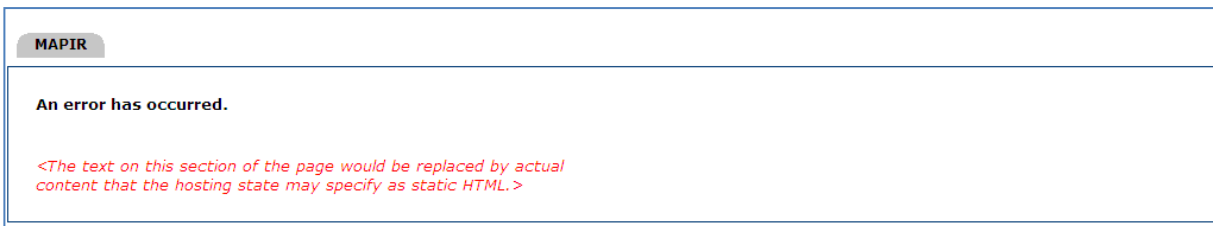
Validation Messages –The following is an example of the validation message – You have entered an invalid CMS EHR Certification ID. Check and reenter your CMS EHR Certification ID. The Validation Messages Table lists validation messages you may receive while using MAPIR. The validation messages table can be found in the Appendix A – Validation Messages Table.

Payment Year	1	**Program Year**	2014

MAPIR

Name:	Dr. Medicaid Provider
Applicant NPI:	9999999999
Status:	*Not Started*

If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.

Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click **here** to access the CHPL website. You must enter a valid certification number.

Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

000000000000000
(No dashes or spaces should be entered.)

• **You have entered an invalid CMS EHR Certification ID.** ←

Exit   Reset   Next

Appendix A – Validation Messages Table

Validation Messages
Please enter all required information.
The User ID is already defined in MAPIR.
You must provide NPI number in order to proceed.
You must provide all required information in order to proceed.
Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
The date that you have specified is invalid, or occurs prior to the program eligibility.
The date that you have specified is invalid.
The phone number that you entered is invalid.
The phone number must be numeric.
The email that you entered is invalid.
You must participate in the Medicaid incentive program in order to qualify.
You must select at least one type of provider.
You must select at least one location in order to proceed.
The ZIP Code that you entered is invalid.
The NPI that you entered is not valid.
You must select at least one activity in order to proceed.
You must define all added 'Other' activities.
Amount must be numeric.
You must answer "Yes" to the second question.
You must indicate whether you are completing this application as the actual provider or a preparer.
You must verify that you have reviewed all information entered into MAPIR.
The NPI Number must be numeric and ten (10) digits in length.
The Personal TIN must be numeric and nine (9) digits in length.
Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.
You did not meet the criteria to receive the incentive payment.
All data must be numeric.
You must enter at least one search criteria value.
NPI must be numeric and consist of ten (10) digits.
Provider TIN must be numeric and nine (9) digits long.
CCN must be numeric and must be six (6) digits.
Adjustment Amount must be numeric.
Debit Amount must not exceed the Payment Amount.

Amount must not exceed program year limit.
The status that you have selected is invalid for this application.
The user may not be deleted when activity has been performed in MAPIR.
You must enter all requested information in order to submit the application.
The email address you have entered does not match.
You have entered an invalid CMS EHR Certification ID.
You must answer Yes to utilizing certified EHR technology in at least one location where reporting Medicaid Patient Volume in order to proceed.
You must be licensed in the state(s) in which you practice.
You cannot practice in an FHQC/RHC and be an Individual Practitioner's Panel.
You must select Yes or No to utilizing certified EHR technology in this location.
You have entered a duplicate Group Practice Provider ID.
You must enter Yes to voluntarily assigning payment.
You must select a Payment Address in order to proceed.
You must enter the email address twice for validation purposes.
You must be in compliance with HIPAA regulations.
You must be an Acute Care Hospital or a Children's Hospital to be eligible to receive the EHR Medicare Program Payment.
An incentive payment has not been issued at this time.
An Adjustment Reason is required.
There are no Payment Addresses on file for your NPI/TIN, please correct this at your state Medicaid Management Information System (MMIS) before continuing with your application.
All amounts must be between 0 and 999,999,999,999,999.
Please select a valid State from the list.
Name must not exceed 150 characters.
You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
The amounts entered are invalid.
Amounts entered for Total Charges and Total Charges Charity Care must be between $0 and $9,999,999,999,999.99.
You have made an invalid selection.
Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value.
The 90 day period you selected did not return any active locations for that time period, please check the 90 day patient volume timeframe.
You must select at least one Public Health menu measure. A total of 5 Menu measures must be selected.
Data entered is invalid and must be a positive whole number.
The number you have entered is invalid, it must be a positive whole number.
You have indicated that you qualify for the exclusion. As a result a numerator and denominator should not be entered.

You must attest to at least one Public Health measure. The measure selected may be an exclusion.
The date you have entered is in an invalid format.
You must exit MAPIR and return, in order to access a different program year incentive application.
You must choose an application.
The time you have entered is in an invalid format.
The selection you have made is not a valid option at this time.
You must select at least 5 menu measures.
You have entered zero as a denominator on one or more of your Core Clinical Quality Measures. Please refer to the instructions on this page for additional information.
You have entered zero as a denominator for the Alternate Clinical Quality Measure selected. Please choose another Alternate Clinical Quality Measure to attest to where it is possible to enter a value other than zero for the denominator. Please refer to the instructions on this page for additional information.
You must select 4 menu measures from outside the Public Health Menu set.
Total Inpatient Medicaid Bed Days must be less than Total Inpatient Bed Days
Total Charges – Charity Care must be less than Total Charges – All Discharges
Values entered match the existing cost data on file
The Start Date you have entered was attested to in a previous Payment Year
You may only select yes to one exclusion.
Payee TIN must be numeric and nine (9) digits long.
Note Text must be 1000 characters or less.
You have not met the minimum number of documents required. Please upload the minimum number of documents required to proceed.
File must be in _____.
File must be no larger than _____.
You must select at least 3 menu measures to proceed.
You must select a minimum of 16 Clinical Quality Measures from at least 3 different Domains to proceed.
Your EHR Attestation Selection does not match the stage selection made when you started your application.
You must select one file from the drop-down list in order to proceed.
You may not exclude both Menu Measures 9 & 10.
You may not attest to Menu Measure 9 and exclude Menu Measure 10.
You may not exclude Menu Measure 9 and attest to Menu Measure 10.
You have not completed the patient volumes. Please return to the Patient Volume tab to enter patient volumes.
You have not attested to all MU Measures. Please return to the Attestation tab to attest to all required measures.
You must select a minimum of 9 Clinical Quality Measures from at least 3 different Domains to proceed.
You must select all menu measures when an exclusion has been claimed on one or more menu measures.
You must answer all Exclusion questions with a Yes or No answer to proceed.

You must enter a CMS Audit Number in order to proceed.
You have selected an Adjustment Reason that does not allow for entering a CMS Audit Number.
The CMS Audit Number must be alphanumeric and ten (10) characters in length and must not contain spaces.
Full amount needs to be recouped for an Adjustment due to Audit.
The Performance Rate value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Performance Rate value is 0.0 to 100.0.
The Observation percent value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Observation percent value is 0.0 to 100.0.
Full Year is not a valid option for Program Year 2014. Please select the 90 day option.
You have excluded both Public Health measures. Please select 5 Menu measures from outside the Public Health Menu set.
You have selected to exclude a Public Health measure. Please attest to the remaining Public Health measure.
This transaction can no longer be cancelled.
The Patient Volume 90 day date range is no longer valid.
Please confirm that the file you are uploading is intended to be displayed on the provider's application.
Please confirm that the file is intended to be displayed on the provider's application.
Delay reason must be 500 characters or less.
ONC Service is unavailable
You have entered an invalid CMS EHR Certification ID for the current "Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Rule"
You may not change the status due to a pending adjustment. You must delete the pending adjustment in order to proceed.
You must select one or more incentive applications to be adjusted.
You have selected an invalid option for the provider type and/or payment year.
You have selected an invalid adjustment option.
You have selected an invalid HPSA option.
The Program Year selected is not available for this NPI.
Invalid import record format.
The maximum number of audit rows allowed to be imported in a single submission has been exceeded.
Payment Year is invalid.
Program year is invalid.
A Completed Incentive Application was not found for this Provider/Payment Year/Program Year combination.
Audit Reason is invalid.
Audit Organization is invalid.
Audit Type is invalid.
Audit Intent Date is invalid.
External Audit Control System Number (State Assigned) must not be greater than 10 characters.

Audit Status may only be changed to Audit Started or Audit Canceled when current Audit Status is Intent to Audit.
Audit Status may only be changed to Audit Canceled or Audit Completed when current Audit Status is Audit Started.
Audit Start Date is required with the Audit Status of Audit Started.
Audit Finding and Audit End Date are required with the Audit Status of Audit Completed.
Audit Finding and Audit End Date are invalid for the Audit Status specified.
Audit Cancelation Reason and Audit Cancelation Date are required with the Audit Status of Audit Canceled.
Audit Cancelation Reason and Audit Cancelation Date are invalid for the Audit Status specified.
Audit Cancelation Reason must be 250 characters or less.
Audit Intent Date cannot be a future date.
Audit Start Date cannot be a future date.
Audit Start Date cannot be prior to the Audit Intent Date.
Audit Cancelation Date cannot be a future date.
Audit Cancelation Date cannot be prior to the Audit Intent Date.
Audit Cancelation Date cannot be prior to the Audit Start Date.
Audit End Date cannot be a future date.
Audit End Date cannot be prior to the Audit Intent Date.
Audit End Date cannot be prior to the Audit Start Date.
Audit Status may only be changed to Intent to Audit.
An active audit with this Provider/Payment Year/Program Year combination already exists.
All audit case records have been successfully imported.
The request can no longer be completed for the selected adjustment(s).
The CCN value entered is invalid for this NPI.
A multi-year adjustment cannot be initiated while there are incentive applications in process.
The audit transaction conditions have changed resulting in the cancellation of your request. Please select Audit Display link to redisplay Audit Summary Worksheet.
Audit Status may only be changed to Audit Canceled.
You have selected an Adjustment Action that does not allow for entering a CMS Audit Number.
You must select one or more adjustments to be deleted.
You cannot import duplicate records for a Provider Payment Year/Program Year combination.
This adjustment is no longer available.
An updated B-6 has been received and may impact one or more of your incentive applications.
Only one incentive application in Denied status may be selected.
You have selected an incentive application that is not eligible for multi-year adjustment.
You cannot begin an incentive application while a multi-year adjustment is pending.
The multi-year adjustment process does not permit selection of all eligible incentive applications.

The multi-year adjustment process cannot be used to simultaneously pay a denied incentive application and retract a paid incentive application.
You must specify a current or future date.
Audit Status may only be changed to Audit Started.
Audit Status may only be changed to Audit Completed.
The Audit Finding is invalid for the Audit Type specified.
A multi-year adjustment is currently in progress; therefore, this request cannot be completed.
You must select at least two Required Public Health Options to proceed.
You must select at least one Required Public Health Option to proceed.
You have indicated that the Measure does not apply to you. As a result, you may not select an Active Engagement Option.
You may only select Yes to one of the Exclusions.
You may only select one Active Engagement Option.
You have selected to exclude a Public Health Option. Please attest to the remaining Public Health Options.
You must select Option 3A to select Option 3B.
You may only select two Alternate Exclusions for the Public Health Objective.
You must attest to Option 3A before attesting to Option 3B.
You cannot select Option 3B as you have not answered Yes to Option 3A.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 10 Option 3B.
You must select at least three Required Public Health Options to proceed.
You must select Option 3A to select Option 3C.
You must attest to Option 3A before attesting to Option 3B or Option 3C.
You cannot select Option 3C as you have not answered Yes to Option 3A.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 9 Option 3B or Option 3C.
You may only select three Alternate Exclusions for the Public Health Objective.
You may not attest to the Clinical Quality Measures topic.
You must attest to Option 3A before attesting to Option 3B.
You cannot attest to Public Health Option 3B as you have not answered Yes to Public Health Option 3A. Please return to the Public Health selection screen and uncheck Public Health Option 3B.
You must select Option 3A to select Option 3B, 3C or 3D.
You must attest to Option 3A before attesting to Options 3B, 3C or 3D.
You cannot select Option 3B, 3C or 3D as you have not answered Yes to Option 3A.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 3B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 3B, 3C or 3D.
You must select Option 4A to select Option 4B.

You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 3B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 4B.
You must attest to Option 4A before attesting to Option 4B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 4B, 4C or 4D.
You must select at least four Required Public Health Options to proceed.
You cannot attest to Public Health Option 4B as you have not answered Yes to Public Health Option 4A. Please return to the Public Health selection screen and uncheck Public Health Option 4B.
You must select Option 4A to select Option 4B, 4C or 4D.
You must attest to Option 4A before attesting to Options 4B, 4C or 4D.
You cannot select Option 4B, 4C or 4D as you have not answered Yes to Option 4A.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 4B.
You must attest to Public Health Option 3B.
You must attest to Public Health Option 4B.
You must attest to Public Health Option 5B.
Please select a Program Year.
You must select Option 5A to select Option 5B, 5C or 5D.
You must attest to Option 5A before attesting to Options 5B, 5C or 5D.
You cannot select Option 5B, 5C or 5D as you have not answered Yes to Option 5A.
You must select Option 5A to select Option 5B.
You must attest to Option 5A before attesting to Option 5B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 5B.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 5B.
You must select all 16 Clinical Quality Measures to proceed.
You must select a minimum of 6 Clinical Quality Measures to proceed.
You cannot attest to Public Health Option 5B as you have not answered Yes to Public Health Option 5A. Please return to the Public Health selection screen and uncheck Public Health Option 5B.
You have not successfully attested to two Public Health options therefore you may not claim an exclusion for Option B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 5B, 5C or 5D.
You have selected to exclude a Public Health Option. Please attest to the remaining Public Health Options. Option 3 is not required.
You cannot enter a registry name, as one has been selected from the list.
You cannot select the same Registry name for options A and B.
The file name is invalid.

You cannot select No to the measure and select or enter a registry name.
You must select at least one Outcome CQM or the acknowledgement checkbox.
You must select at least one High Priority CQM or the acknowledgement checkbox.
The Clinical Quality Measures reporting date range must be within the application's Program Year.
The date range for the Actual Clinical Quality Measure data must be within your Clinical Quality Measures reporting period.
You must select the checkbox when entering a date range in the Actual Clinical Quality Measures Reporting Period fields.
Your must complete the dates in the Actual Clinical Quality Measures Reporting Period fields when the checkbox is selected.
The Clinical Quality Measures reporting date range must consist of at least 90 days.
Enter a valid file location.
File must be no larger than 2MB in size.
File must be in PDF format.
File cannot be successfully uploaded.
Internal Error: File cannot be viewed.
Virus Detected!! The file has been deleted.
File has been successfully uploaded.
File was not successfully removed.
File has been successfully deleted.
The file that you have requested to upload is empty and cannot be processed.
File name must be less than or equals to 100 characters.
Provider ID must contain only alphabetic characters or numbers.
No results found
Note Text is required.
Note Text must be 1000 characters or less.
User ID is required.
First Name is required.
Last Name is required.
Invalid status change - D16 request has been sent.
Invalid status change - B6 has been inactivated.
You do not have permission to make this Status Change.
User ID cannot be larger than 20 characters.
First name cannot be larger than 150 characters.
Last name cannot be larger than 50 characters.
This user cannot be inactivated. Either the user information has been changed without saving or there is incentive application activity associated with the user id.

You must retrieve the details of the user before attempting to delete. Please press the "Find Details" button and then try again.
The User ID that you entered already exists.
At least one rejection reason is required.
Begin Run Date is required.
End Run Date is required.
Begin Run Date must be less than End Run Date.
Report Name is required.
You entered a date range that exceeds the 90 day limit.
Amount is required.
Amount must be greater than zero.
Provider Grace Period has been removed.
Provider Grace Period has been applied for the selected Program Year.
Note\: The Overall EHR Incentive Amount is greater than %s. Please review this incentive payment. The Medicaid Share may be higher than 100%%.
New User ID is required.
Amount is required.
Amount must be numeric value.
Amount must be between 0 and 999,999,999,999,999.

Appendix B- Hover Bubble Definitions

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
MAPIR Dashboard	Stage	Display Field	The Stage refers to the adoption phase or meaningful use stage/EHR reporting period (except for dually eligible hospitals) that applies to a given application.
	Status	Display Field	Status of the incentive application.
	Payment Year	Display Field	The payment year is designated as a sequential number starting with payment year 1 up to the maximum number of payments for the program.
	Program Year	Display Field	The 4 digit year within which a provider attests to data for eligibility for a payment. Starting with Program Year 2015, this is the Calendar year (January thru December) for both EPs and EHs.
	Incentive Amount	Display Field	The incentive amount that was paid for a particular application for the specified program and payment year. This includes initial and all adjustment amounts.
Eligibility Questions (Part 1 of 3)	Are you a Hospital based eligible professional?	Yes/No Radio Button	Hospital based Eligible Professionals (EPs) such as pathologists, anesthesiologists, or emergency physicians, furnish 90% or more of

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
Important Due to program changes the second eligibility question and associated state name, radio buttons, and hover bubble can be configured to no longer display.			their covered services in a hospital setting (Inpatient – Place of Service 21 or Emergency Room – Place of Service 23).
	I confirm I waive my right to a Medicare Electronic Health Record Incentive Payment for this payment year and am only accepting Medicaid Electronic Health Record Incentive Payments from <state>.	Yes/No Radio Button	An Eligible Professional may only receive payment from either Medicare or Medicaid in a payment year, but not both. The state will validate Medicaid selection with CMS prior to payment issuance.
Eligibility Questions (Part 2 of 3)	What type of Provider are you? (Select One)	Radio Button	Eligibility for the Medicaid EHR Incentive Program is based on your provider type and specialty on file with the State's MMIS.
Eligibility Questions (Part 2 of 3)	Do you have any current sanctions or pending sanctions with Medicare or Medicaid in <state>?	Yes/No Radio Button	The temporary or permanent barring of a person or other entity from participation in the Medicare or State Medicaid health care program and that services furnished or ordered by that person are not paid for under either program. See 42 CFR Ch. IV § 402.3 Definitions in the current edition
	Are you currently in compliance with all parts HIPAA regulations?	Yes/No Radio Button	All providers must be in compliance with the current Health Information Portability and Accountability Act (HIPAA) regulations. Current regulations can be reviewed at http://www.hhs.gov
	Are you licensed in all states in which you practice?	Yes/No Radio Button	Eligible Professionals must meet the state law licensure requirements of the state that is issuing the EHR incentive payment.
Patient Volume Practice Type (Part 1 of 3)	Do you practice predominantly at an FQHC/RHC (over 50% of your patient encounters occur over a 6 month period in an FQHC/RHC)?	Yes/No Radio Button	Practices predominantly means an EP for whom the clinical location(s) for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year or the most recent 12 months occurs at a federally qualified health center or rural health clinic.
	Please indicate if you are submitting volumes for: (Select one) --- Individual Practitioner	Radio Button	Individual Practitioners count his or her own Medicaid and non-Medicaid patient encounters only.
	Please indicate if you are submitting volumes for: (Select one) --- Group/Clinic	Radio Button	Group/Clinic selection requires all Eligible Professionals to use the entire group practice or clinic's Medicaid and non-Medicaid patient encounters.
	Please indicate if you are submitting volumes for: (Select one) --- Individual Practitioner's Panel	Radio Button	A Practitioner's Panel is calculated on and consists of Medicaid enrollees assigned to the Eligible Professional through a Medicaid panel plus any unduplicated Medicaid encounters.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl.
	Provider ID	Display Field	
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list
Patient Volume - FQHC/RHC Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by state
	Medicaid and CHIP Encounter Volume (Numerator)	Enterable	For the continuous 90-day period, for each location listed, the number of encounters where any services were rendered on any one day to an individual enrolled in CHIP (Title XXI) and Medicaid (Title XIX) programs
	Other Needy Individual Encounter Volume (Numerator)	Enterable	Enter the number of encounters for the continuous 90-day period selected for each location below where the services furnished at either no cost or reduced cost based on a sliding scale as determined by the individual's ability to pay or furnished as uncompensated care.
	Total Needy Encounter Volume (Total Numerator)	Enterable	Enter the sum of the Medicaid & CHIP Encounter Volume plus the Other Needy Individual Encounter Volume.
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters (all States) for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected.
Patient Volume - [Practice Type] (Part 1 of 3) Add Location screen	Location Name	Enterable	Enter the legal entity name for the location being added.
Note: This screen displays for each practice type when adding a location.	Address Line 1	Enterable	Enter the service location's street address. Example: 55 Main Street This cannot be a Post Office Box number.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Please indicate in the box(es) provided, the Group Provider ID(s) you will use to report patient volume requirements. You must enter at least one Group Practice Provider ID.	Enterable	This is the NPI number of the group practices used to report patient volume
	Medicaid & CHIP Encounter Volume (Numerator)	Enterable	For the continuous 90-day period, for each location listed, the number of encounters where any services were rendered on any one day to an individual enrolled in CHIP (Title XXI) and Medicaid (Title XIX) programs.
Patient Volume - FQHC/RHC Group (Part 3 of 3)	Other Needy Individual Encounter Volume (Numerator)	Enterable	Enter the number of encounters for the continuous 90-day period selected for each location below where the services furnished at either no cost or reduced cost based on a sliding scale as determined by the individual's ability to pay or furnished as uncompensated care.
	Total Needy Encounter Volume (Numerator)	Enterable	Enter the sum of the Medicaid & CHIP Encounter Volume plus the Other Needy Individual Encounter Volume
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters (all States) for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	Select the checkbox(es) for the location(s) where the Eligible Professional is reporting Medicaid patient volume for the continuous 90-day period selected.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Total Needy Individual on the Practitioner Panel 1(Numerator)	Enterable	See Instructions for #1 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
Patient Volume - FQHC/RHC Practitioner's Panel (Part 3 of 3)	Unduplicated Needy Individuals Only Encounter Volume 2 (Numerator)	Enterable	See Instructions for #2 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance
	Total Patients on Practitioner Panel 3 (Denominator)	Enterable	See Instructions for #3 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
	Total Unduplicated Encounter Volume 4 (Denominator)	Enterable	See Instructions for #4 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
Patent Volume - Individual (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patent Volume - Individual (Part 3 of 3)	Provider ID	Display Field	Configurable by state

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Medicaid Only Encounter Volume (In State Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program. In-State means the State to which you are applying for an incentive payment.
	Medicaid Encounter Volume (Total Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Patient Volume - Group (Part 3 of 3)	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patient Volume - Group (Part 3 of 3)	Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. You must enter at least one Group Practice Provider ID.	Enterable	This is the NPI number of the group practices used to report patient volume.
Patient Volume - Group (Part 3 of 3)	Medicaid Only Encounter Volume (In State Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program. In-State means the State to which you are applying for an incentive payment.
	Medicaid Encounter Volumes (Total Numerator)	Enterable	For the continuous 90-day period, the number of encounters where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program.
	Total Encounter Volume (Denominator)	Enterable	Enter the total number of encounters for all patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
Patent Volume - Practitioner's Panel (Part 3 of 3)	Medicaid Patient Volumes (Must Select One)	Check Box	Select the checkbox(es) for the location(s) where the Eligible Professional is reporting Medicaid patient volume for the continuous 90-day period selected.
	Utilizing Certified EHR Technology? (Must Select One)	Yes/No Radio Button	Certified EHR Technology means a complete EHR system or combination of EHR modules that meets the requirements of CMS. CMS requirements can be found at http://healthit.hhs.gov/chpl
	Provider ID	Display Field	Configurable by state
	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list.
Patent Volume - Practitioner's Panel (Part 3 of 3)	Provider ID	Display Field	Configurable by state
Patent Volume - Practitioner's Panel (Part 3 of 3)	Total Needy Individual on the Practitioner Panel 1(Numerator)	Enterable	See Instructions for #1 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
	Unduplicated Needy Individuals Only Encounter Volume 2 (Numerator)	Enterable	See Instructions for #2 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance
	Total Patients on Practitioner Panel 3 (Denominator)	Enterable	See Instructions for #3 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
	Total Unduplicated Encounter Volume 4 (Denominator)	Enterable	See Instructions for #4 (above). If you are an Eligible Provider practicing in an FQHC, RHC, or Group Practice and wish to calculate your Patient Volume based on a Panel methodology, please contact the admin user for assistance.
Attestation Phase (Part 1 of 3)	Adoption:	Radio Button	Eligible Professional has financial and/ or legal commitment to certified EHR technology capable of meeting Meaningful Use.
	Implementation:	Radio Button	Eligible Professional is in the process of installing certified EHR technology capable of meeting Meaningful Use.

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Upgrade:	Radio Button	Eligible Professional is expanding the functionality of certified EHR technology capable of meeting Meaningful Use.
	Meaningful Use:	Radio Button	EPs will have the option to attest to 90 days from the current calendar year or a full year of Meaningful Use. The reporting period for the full year attestation will be the entire calendar year.
Attestation Phase (Part 1 of 3)	Meaningful Use – 90 Days	Radio Button	For EPs demonstrating they are meaningful EHR users for the first time after receiving a payment for A, I or U, you will utilize a continuous 90-day period within the calendar year for MU attestation.
	Meaningful Use – Full Year	Radio Button	For EPs demonstrating they are meaningful EHR users after attesting to 90 days MU for the previous payment, the EHR reporting period is the full calendar year.
Meaningful Use General Requirements	Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized. --- Numerator	Enterable	Numerator – Enter only patient encounters where a medical treatment is provided and/or evaluation and management services are provided in location(s) with federally certified EHRs.
	Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized. --- Denominator	Enterable	Denominator – Enter all patient encounters where a medical treatment is provided and/ or evaluation and management services are provided in location(s) with or without federally certified EHRs.
	Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. --- Numerator	Enterable	Numerator – Enter the number of unique patients during the reporting period seen by an EP that have their data in a certified EHR. If a patient is seen by an EP more than once during the reporting period, they can only be counted once.
	Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period. --- Denominator	Enterable	Denominator – Enter all unique patients seen by an EP during the reporting period. If a patient is seen by an EP more than once during the reporting period, they can only be counted once.
Attestation Phase (Part 3 of 3)	Based on the information received from the R&A, you requested to assign your incentive payment to	Yes/No Radio Button	EPs may reassign their incentive payment to an entity with which they have a valid contractual arrangement; this includes the ability to bill for the EP's services or a standard employment contract. The EP will select one TIN to receive

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or that you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.		any applicable Medicaid EHR incentive payment through the R&A.
	Provider ID	Display Field	Configurable by state
	Additional Information	Display Field	Configurable by state
Application Submission (Part 2 of 2)	Preparer Relationship:	Enterable	Enter the relationship the Preparer has with the Eligible Professional

Appendix C - Acronyms and Terms

The following is a table of Acronyms and Terms used throughout the Eligible Professional User Guides and MAPIR:

Term/Acronym	Definition
ARRA	American Recovery and Reinvestment Act
CAH	Critical Access Hospital
CCN	CMS Certification Number
CEHRT	Certified Electronic Health Record Technology(ies)
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CHPL	Certified Healthcare IT Product List
CMS	Centers for Medicare & Medicaid Services
CPOE	Computerized Provider Order Entry
CQM	Clinical Quality Measure
DRSD	Detailed Requirements Specification Document
ED	Emergency Department
EH	Eligible Hospital
EHR	Electronic Health Record
eMAR	Electronic Medication Administration Record
EP	Eligible Professional
eRx	Electronic Prescriptions
FQHC	Federally Qualified Health Center
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
IAPD	Implementation Advance Planning Document
MAPIR	Medical Assistance Provider Incentive Repository
MMIS	Medicaid Management Information System
MU	Meaningful Use
NLR	National Level Repository
NPI	National Provider Identifier
NPRM	Notice of Proposed Rulemaking

Term/Acronym	Definition
NQF	National Quality Forum
NwHIN	Northwest Heath Industry Network (Health Insurance Network)
ONC	Office of the National Coordinator for Health Information Technology
PDF	Portable Data Format
PHI	Protected Health Information
POS	Place (or Point) of Service
R&A	Registration and Attestation System
REC	Regional Extension Center
RHC	Rural Health Center
SSN	Social Security Number
TIN	Taxpayer Identification Number